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CONFIRMATION NO. 2415

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/552,697 | <b>FILING OR 371(c)<br/>DATE</b><br>07/27/2006<br><b>RULE</b> | <b>CLASS</b><br>600 | <b>GROUP ART UNIT</b><br>3766 | <b>ATTORNEY DOCKET<br/>NO.</b><br>43289-223931 |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

Pentti Korhonen, Kangasala, FINLAND;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/FI04/50034 04/02/2004

OK Btg 1/19/07

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

FINLAND 20030547 04/10/2003

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

09/30/2006

\*\* SMALL ENTITY \*\*

|   |                                |                        |                       |                            |
|---|--------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>FINLAND | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>33 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature <i>Brian L. ...</i><br>Initials <i>Btg</i>  |                                |                        |                       |                            |

## ADDRESS

26694

## TITLE

System and method for analysing the p-wave of an ecg-signal

|                                       |   |  |
|---------------------------------------|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>840 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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